

**Reichhold Chemicals, Inc.**

3320 Lincoln Avenue  
Tacoma, WA 98421

WA 2891  
2/9/98

3A

**REICHHOLD**

February 9, 1998

Ms. Robbie Hedeem, Environmental Scientist  
Office of Waste and Chemicals Management  
U.S. EPA, Region 10  
1200 Sixth Avenue, WCM - 121  
Seattle, Washington 98101

Subject: Class 3 Permit Modification , Reichhold Chemicals, Inc., WAD 009 252 891

Dear Ms. Hedeem:

Reichhold Chemicals, Inc. (RCI) is proposing a Class 3 permit modification to the RCRA Permit (# WAD 009 252 891) for our Tacoma site. This modification would update the Part A application included in our RCRA Permit to reflect the completion of permit related activities on the north eastern portion of our property (referred to as Parcel A in our recent meetings).

As we have discussed, Parcel A is a portion of the RCI property where no manufacturing and no waste management activities occurred. The parcel is currently zoned for industrial use and will remain an industrial use. As noted above, RCI has completed each of the investigation and remediation activities for this parcel of property contained in the RCRA permit. Subsequent reports on the completion of these activities have been submitted to EPA as required by the permit. A revised Part A application is attached to this letter which shows the exclusion of this parcel of property from the definition of the facility.

If you have any comments regarding this modification, please feel free to contact me at 206-624-3214.

Sincerely,



Alan S. Jeroue  
Tacoma Site Manager

c: Mary S. Queitzsch/EPA Assistant Regional Counsel  
John Oldham/RCI  
Ellen Conedera Dial/Perkins Coie  
Carolyn Kossik/CH2M HILL

Enclosure - Revised Part A Application

FILE COPY

**Attachment 11**  
**Part A**  
**Comments and Modifications**

The list below contains a summary of the comments, changes, and modifications made from August 1989 to January 1998 in regard to this attachment. The approved and proposed changes are presented in the following tables. The dates for which the changes/modifications were made are shown. The comments noted are from "US EPA, Response to comments on Reichhold Draft RCRA Permit" dated November 4, 1988. For a full citation, please refer to the actual document.

**Approved Changes**

<b>Date Approved</b>	<b>Type of Change</b>	<b>Regarding</b>
November 4, 1988	Comment 5	Waste Code should be F021
November 4, 1988	Comment 61	Waste Code should be F021
May 5, 1989	Revision, Item 56	Back page of WA DOE Form 1; SIC number should be 2672 to agree with front page
May 5, 1989	Revision, Item 57	Attachment 1 may not be in all copies
September 22, 1989	Permit Modification, Item 3	Figure no longer valid
September 22, 1989	Permit Modification, Item 12	Ignitable waste storage area.

**Proposed Changes**

<b>Date Proposed</b>	<b>Type of Change</b>	<b>Regarding</b>
February 1998	Permit Modification	Changes in facility operations and property boundaries.

**PART A**  
**DANGEROUS WASTE PERMIT FORMS**  
**(FORMS 1 AND 3)**

# WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION

## Permit Application Process

There are two parts to a Dangerous Waste Permit Application—Part A and Part B. Part A consists of Form 1 and Form 3. Part B requires detailed site-specific information such as geologic, hydrologic, and engineering data. WAC 173-303-800 specifies the information that will be required from dangerous waste management facilities in Part B.

## Operation During Interim Status

Part A of the permit application defines the processes to be used for treatment, storage, and disposal of dangerous wastes; the design capacity of such processes; and the specific dangerous wastes to be handled at a facility during the interim status period. Once Part A is submitted to the Department of Ecology, changes in the dangerous wastes handled, changes in design capacities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in WAC 173-303-820. Changes in quantity of waste handled at a facility during interim status can be made without submitting a revised Part A provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of an interim status permit.

## Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by RCRA and the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 (*see especially 40 CFR 2.305*), and will be subject to the State of Washington Public Records Act chapter 42.17 RCW and chapter 43.21A-160 RCW. Persons filing this form may make claims of confidentiality. Such claims must be clearly indicated by marking "confidential" on the specific information on the form for which confidential treatment is requested or on any attachments, and must be accompanied, at the time of filing, by a written substantiation of the claim, by answering the following questions:

## Confidential Information (continued)

A. Which portions of the information do you claim are entitled to confidential treatment?

B. For how long is confidential treatment desired for this information?

C. What measures have you taken to guard against undesired disclosure of the information to others?

D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?

E. Has the Department of Ecology, EPA or any other Federal or State agency made a pertinent confidentiality determination? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA or the department may make the information available to the public without further notice to the submitter.

## Definitions

Terms used in these instructions and in this form are defined in the Definitions section of the Dangerous Waste Regulation, chapter 173-303 WAC.



# FORM 1—INSTRUCTIONS

This form must be completed by all applicants.

## Completing This Form

Please type or print. If you print, place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

## Section I

Space is provided at the upper right hand corner of Form 1 for insertion of your EPA/State identification number. If you have an existing facility, enter your identification number. If you don't have an EPA/State identification number, please contact the Department of Ecology (206) 459-8303 and one will be provided for you. If your facility is new (not yet constructed), leave this item blank.

## Section II

Enter the facility's official or legal name. Do not use a colloquial name.

## Section III

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted if necessary.

## Section IV

Give the complete mailing address of the office where correspondence should be sent. This often is not the address used to designate the location of the facility or activity.

## Section V

Give the address or location of the facility identified in Section III of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or at intersection of Rts. 425 and 22).

## Section VI

List, in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the dangerous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your Department of Ecology Regional office (see Table 1).

Table 1. Department of Ecology Regional Offices

Northwest Regional Office 4350 - 150th NE Redmond, Washington 98052 Tel: 206-885-1900	Southwest Regional Office 7272 Cleanwater Lane Olympia, Washington 98504 Tel: 206-753-2353
Eastern Regional Office East 103 Indiana Spokane, Washington 99207 Tel: 509-456-2926	Central Regional Office 3601 West Washington Yakima, Washington 98903 Tel: 509-575-2490

## Section VII-A

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

## Section VII-B

Indicate whether the entity which operates the facility also owns it by marking the appropriate box.

## Section VII-C

Enter the appropriate letter to indicate the legal status of the operator of the facility. Indicate "public" for a facility solely owned by local government(s) such as a city, town, county, parish, etc.

## Sections VII-D—H

Enter the telephone number and address of the operator identified in Item VII-A.

## Section VIII

Indicate whether the facility is located on Indian lands.

## Section IX

Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

The legal boundaries of the facility;

The location and serial number of each of your existing and proposed intake and discharge structures;

All hazardous waste management facilities;

Each well where you inject fluids underground; and

All springs and surface water bodies in the area, plus all drinking water wells within ½ mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7-½ minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Offices listed below. If a 7-½ minute series map has not been published for your facility site, then you may use a 15 minute series map from the U.S. Geological Survey. If neither a 7-½ nor 15 minute series map has been published for your facility site, use a plat map or other appropriate map, including all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and prominent points.

## U.S.G.S. OFFICES

Western Mapping Center  
National Cartographic Information  
Center  
U.S.G.S.  
345 Middlefield Road  
Menlo Park, Ca. 94025  
Phone No. (415) 323-8111

## AREA SERVED

Ariz., Calif., Hawaii, Idaho,  
Nev., Oreg., Wash., American  
Samoa, Guam, and trust  
Territories

## Section X

Briefly describe the nature of your business (e.g., products produced or services provided).

## Section XI

For a corporation, by a principal executive officer of at least the level of vice president.

For partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

FORM

1

State of  
Washington  
Department  
of Ecology

WASHINGTON STATE

## DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER

W A D 0 0 9 2 5 2 8 9 1

## II. NAME OF FACILITY

REICHHOLD CHEMICALS INC

## III. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

JEROUE ALAN S. SITE MANAGER

B. PHONE (area code &amp; no.)

2 5 3 6 2 7 0 4 0 6

## IV. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 3 2 0 LINCOLN AVENUE

B. CITY OR TOWN

TACOMA

C. STATE

W A

D. ZIP CODE

9 8 4 2 1

## V. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

3 3 2 0 LINCOLN AVENUE

B. COUNTY NAME

PIERCE

C. CITY OR TOWN

TACOMA

D. STATE

W A

E. ZIP CODE

9 8 4 2 1

F. COUNTY CODE  
(if known)

## IV. SIC CODES (4-digit, in order of priority)

A. FIRST

9 9 9 9

(specify)

Non-operating facility

B. SECOND

(specify)

C. THIRD

(specify)

D. FOURTH

(specify)

## VII. OPERATOR INFORMATION

A. NAME

REICHHOLD CHEMICALS INC

B. Is the name listed in  
Item VII-A also the  
owner?☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

2 5 3 6 2 7 0 4 0 6

E. STREET OR P.O. BOX

3 3 2 0 LINCOLN AVENUE

F. CITY OR TOWN

TACOMA

G. STATE

W A

H. ZIP CODE

9 8 4 2 1

## VIII. INDIAN LAND

Is the facility located on Indian lands?

☐ YES☒ NO

COMPLETE BACK PAGE



**IX. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. See attached Figures 1 through 4

**X. NATURE OF BUSINESS (provide a brief description)**

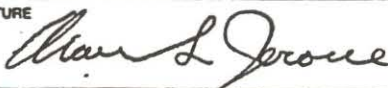
This is an EPA-RCRA site undergoing corrective action. Manufacturing by Reichhold was discontinued in September 1990. From 1956 to 1990, Reichhold manufactured a variety of chemicals related to the manufacturing of paper products.

**XI. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME & OFFICIAL TITLE (type or print)**

Alan S. Jeroue, Site Manager

**B. SIGNATURE****C. DATE SIGNED**

2/10/98

## FORM 3—INSTRUCTIONS

### Completing This Form

Please type or print. If you print place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

### Section I

Existing dangerous waste management facilities should enter their EPA/STATE Identification Number (if known). New facilities should leave this item blank.

### Section II

**A. FIRST APPLICATION.** If this is the first application that is being filed for the facility place an "X" in either the Existing Facility box or the New Facility box.

**1. EXISTING FACILITY.** Existing facilities are:

a. Those facilities which received hazardous waste for treatment, storage, and/or disposal on or before November 19, 1980; or

b. Those facilities for which construction had commenced on or before November 15, 1980. Construction had "commenced" only if:

(1) The owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits; and

(2-a) A continuous physical, on-site construction program had begun (facility design or other preliminary non-physical and non-site specific preparatory activities do not constitute an on-site construction program), or

(2-b) The owner or operator had entered into contractual obligations (options to purchase or contracts for feasibility, engineering, and design studies do not constitute contractual obligations) which could not be cancelled or modified without substantial loss. Generally, a loss is deemed substantial if the amount an owner or operator must pay to cancel construction agreements or stop construction exceeds 10% of the total project cost.

**EXISTING FACILITY DATE.** If the Existing Facility box is marked, enter the date dangerous waste operations began (i.e., the date the facility began treating, storing, or disposing of hazardous waste) or the date construction commenced.

**2. NEW FACILITY.** New facilities are all facilities for which construction commenced, or will commence, after November 19, 1980.

**NEW FACILITY DATE.** If the New Facility box is marked, enter the date that operation began or is expected to begin.

**B. REVISED APPLICATION.** If this is a subsequent application that is being filed to amend data filed in a previous application, place an "X" in the appropriate box to indicate whether the facility has interim status or a permit.

**1. FACILITY HAS AN INTERIM STATUS PERMIT.** Place an "X" in this box if this is a revised application to make changes at a facility during the interim status period.

**2. FACILITY HAS A FINAL PERMIT.** Place an "X" in this box if this is a revised application to make changes at a facility for which a permit has been issued.

(NOTE: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition, Items I and IX (and Item X if applicable) must be completed. It is not necessary to resubmit information for other items that will not change.)

### Section III

The information in Section III describes all the processes that will be used to treat, store, or dispose of dangerous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. See the form for the detailed instructions to Section III.

### Section IV

The information in Section IV describes all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Section IV.

### Section V

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit in the space provided on the form. This drawing should show the following:

The property boundaries of the facility;

The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;

The name of each operation. (Example—multiple hearth incinerator, drum storage area, etc.);

Areas of past storage, treatment, or disposal operations;

Areas of future storage, treatment, or disposal operations; and

The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas.

### Section VI

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate the date the photograph was taken on the back of each photograph.

### Section VII

Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provided for Section IX of Form 1 to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State agencies such as the Department of Natural Resources.

### Section VIII

See the form for the instructions to Section VIII.

### Section IX and Section X

All facility owners must sign Section IX. If the facility will be operated by someone other than the owner, then the operator must sign Section X. Federal regulations require the certification to be signed as follows:

A. For a corporation, by a principal executive officer at least the level of vice president;

B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.



<b>FORM</b> <b>3</b>		<b>DANGEROUS WASTE PERMIT APPLICATION</b>				<b>I. EPA/STATE I.D. NUMBER</b> W A D 0 0 9 2 5 2 8 9 1																																																																																			
<b>FOR OFFICIAL USE ONLY</b>																																																																																									
APPLICATION APPROVED				DATE RECEIVED (mo. day & yr.)				COMMENTS																																																																																	
<b>II. FIRST OR REVISED APPLICATION</b>																																																																																									
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA / STATE I.D. Number, or if this is a revised application, enter your facility's EPA / STATE I.D. Number in Section I above.</p>																																																																																									
<p><b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">MO.</td><td style="text-align: center;">DAY</td><td style="text-align: center;">YR.</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table></div><div style="width: 70%; font-size: small;"><p>FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p></div></div></div><div style="width: 45%;"><input type="checkbox"/> 2. NEW FACILITY (Complete item below.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">MO.</td><td style="text-align: center;">DAY</td><td style="text-align: center;">YR.</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table></div><div style="width: 70%; font-size: small;"><p>FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p></div></div></div></div>																MO.	DAY	YR.				MO.	DAY	YR.																																																																	
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<b>III. PROCESSES — CODES AND DESIGN CAPACITIES</b>																																																																																									
<p><b>A. PROCESS CODE</b> — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).</p>																																																																																									
<p><b>B. PROCESS DESIGN CAPACITY</b> — For each code entered in column A enter the capacity of the process.</p> <p>1. AMOUNT — Enter the amount.</p> <p>2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</p>																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 30%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th style="width: 20%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 30%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td colspan="6"><b>Storage:</b></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td colspan="6"><b>Disposal:</b></td></tr><tr><td>INJECTION WELL</td><td>D80</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D81</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D82</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D83</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D84</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></tbody></table>																PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	<b>Storage:</b>						CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	<b>Disposal:</b>						INJECTION WELL	D80	GALLONS OR LITERS				LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D82	ACRES OR HECTARES				OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS					
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SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY																																																																																				
<b>Disposal:</b>																																																																																									
INJECTION WELL	D80	GALLONS OR LITERS																																																																																							
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER																																																																																							
LAND APPLICATION	D82	ACRES OR HECTARES																																																																																							
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY																																																																																							
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">UNIT OF MEASURE</th><th style="width: 10%;">UNIT OF MEASURE CODE</th><th style="width: 20%;">UNIT OF MEASURE</th><th style="width: 10%;">UNIT OF MEASURE CODE</th><th style="width: 20%;">UNIT OF MEASURE</th><th style="width: 10%;">UNIT OF MEASURE CODE</th></tr></thead><tbody><tr><td>GALLONS</td><td>G</td><td>LITERS PER DAY</td><td>V</td><td>ACRE-FEET</td><td>A</td></tr><tr><td>LITERS</td><td>L</td><td>TONS PER HOUR</td><td>D</td><td>HECTARE-METER</td><td>F</td></tr><tr><td>CUBIC YARDS</td><td>Y</td><td>METRIC TONS PER HOUR</td><td>W</td><td>ACRES</td><td>B</td></tr><tr><td>CUBIC METERS</td><td>C</td><td>GALLONS PER HOUR</td><td>E</td><td>HECTARES</td><td>Q</td></tr><tr><td>GALLONS PER DAY</td><td>U</td><td>LITERS PER HOUR</td><td>H</td><td></td><td></td></tr></tbody></table>																UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A	LITERS	L	TONS PER HOUR	D	HECTARE-METER	F	CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B	CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q	GALLONS PER DAY	U	LITERS PER HOUR	H																																								
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<p><b>EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</b></p>																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO-CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO-CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th></tr><tr><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th></tr></thead><tbody><tr><td>X-1</td><td>S 0 2</td><td>600</td><td>G</td><td></td><td>5</td><td>T 0 4</td><td>8.26</td><td>A</td><td></td></tr><tr><td>X-2</td><td>T 0 3</td><td>20</td><td>E</td><td></td><td>6</td><td>T 0 4</td><td>3.48</td><td>A</td><td></td></tr><tr><td>1</td><td>S 0 1</td><td>52,800</td><td>G</td><td></td><td>7</td><td>T 0 4</td><td>0.88</td><td>A</td><td></td></tr><tr><td>2</td><td>S 0 1</td><td>18,040</td><td>G</td><td></td><td>8</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td>S 0 1</td><td>49,280</td><td>G</td><td></td><td>9</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td>T 0 4</td><td>19.28</td><td>A</td><td></td><td>10</td><td></td><td></td><td></td><td></td></tr></tbody></table>																LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G		5	T 0 4	8.26	A		X-2	T 0 3	20	E		6	T 0 4	3.48	A		1	S 0 1	52,800	G		7	T 0 4	0.88	A		2	S 0 1	18,040	G		8					3	S 0 1	49,280	G		9					4	T 0 4	19.28	A		10				
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4	T 0 4	19.28	A		10																																																																																				



continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - A variety of interim measures stipulated in the RCRA permit are ongoing as treatment processes in these areas. New additional treatment measures are also being evaluated for use in these areas.

### IV. DESCRIPTION OF DANGEROUS WASTES

**A. DANGEROUS WASTE NUMBER** — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS .....	P	KILOGRAMS .....	K
TONS .....	T	METRIC TONS .....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER** — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

1. Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

**EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

L I N E	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES									
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2			T	0	3	D	8	0			included with above	

inued from page 2.

E: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (enter from page 1)

A D 0 0 9 2 5 2 8 9 1

F. DESCRIPTION OF DANGEROUS WASTES (continued)

N O .	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F	0	2	1	85,000	P	T	0	4					Iron oxide, produced annually
2	W	T	0	2										Included with above
3	F	0	2	1	268,200	P	S	0	1					Iron oxide already stored in 55- gal. drum, not produced annually
4	W	T	0	2										Included with above
5	F	0	2	1	10,000	P	S	0	2					Activated carbon, not produced annually
6	D	0	0	1	100	P	S	0	1					Facility maintenance products
7	D	0	0	2	100	P	S	0	1					Facility maintenance products
8	F	0	2	1	1	T	S	0	1					Personal protective equipment
9														
10														
11														
12														
13														
14														
15														
16														
17														
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24														
25														
26														



**IV. DESCRIPTION OF DANGEROUS WASTES (continued)**

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

3. Iron oxide already stored in 55-gallon drums - not produced annually.
5. Spent activated carbon - not produced annually. The disposal of 10,000 lbs. of activated carbon will be a one-time event.
- 6-8. Potential anticipated wastes.

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). Fig. 2

**VI. PHOTOGRAPHS**

Fig. 4

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4 7 1 5 5 9 6

1 2 2 2 3 0 0 2

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

Alan S. Jeroue

SIGNATURE



DATE SIGNED

2/10/98


**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

Alan S. Jeroue

SIGNATURE



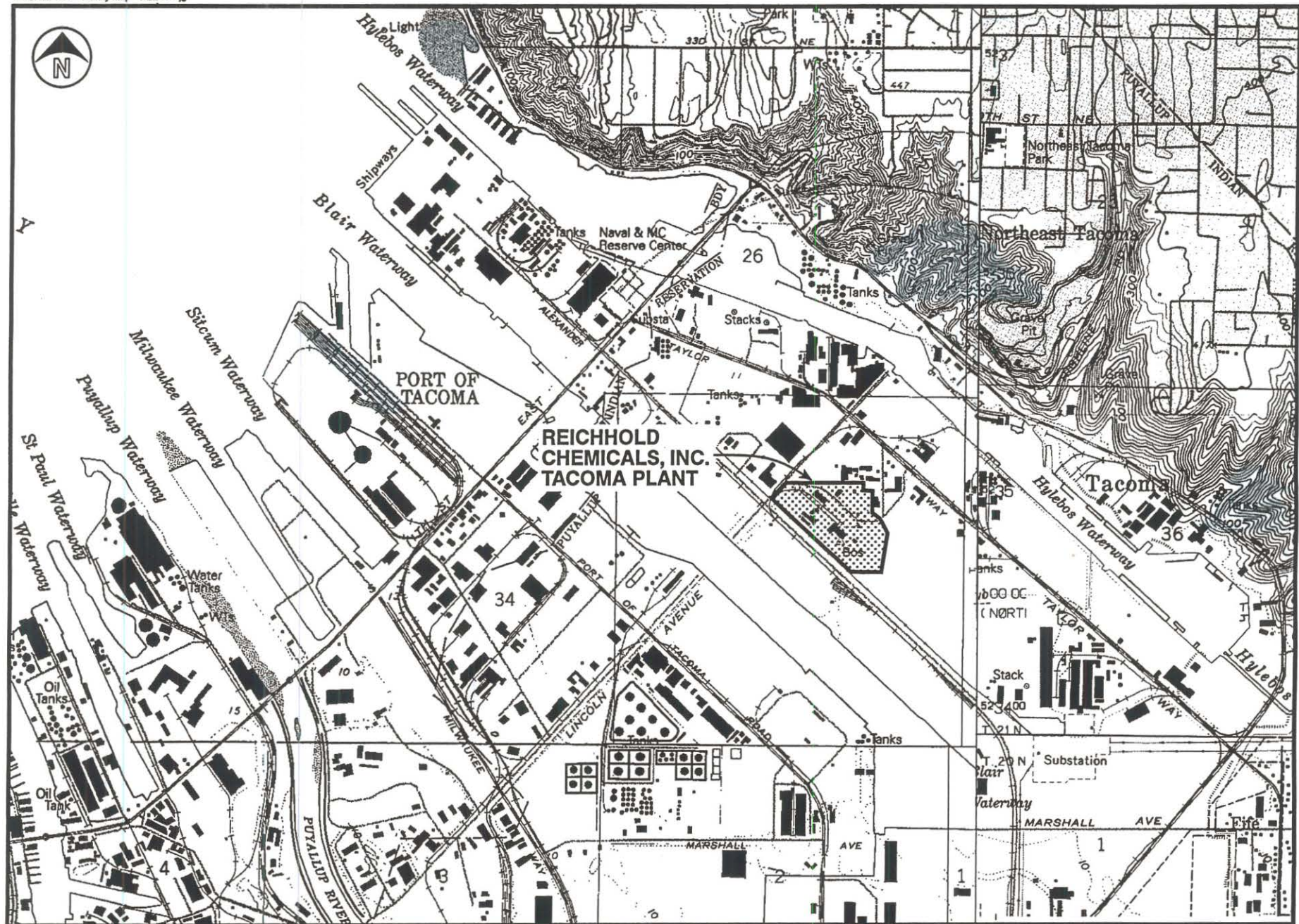
DATE SIGNED

2/10/98

**V. FACILITY DRAWING (see page 4)**

See attached Figures 1 through 4





Source: USGS  
Tacoma North, Poverty Bay  
7.5 Minute Quadrangle  
Revised 1994.

Figure 1  
**Vicinity Map**  
Reichhold Chemicals, Inc.  
Tacoma, Washington



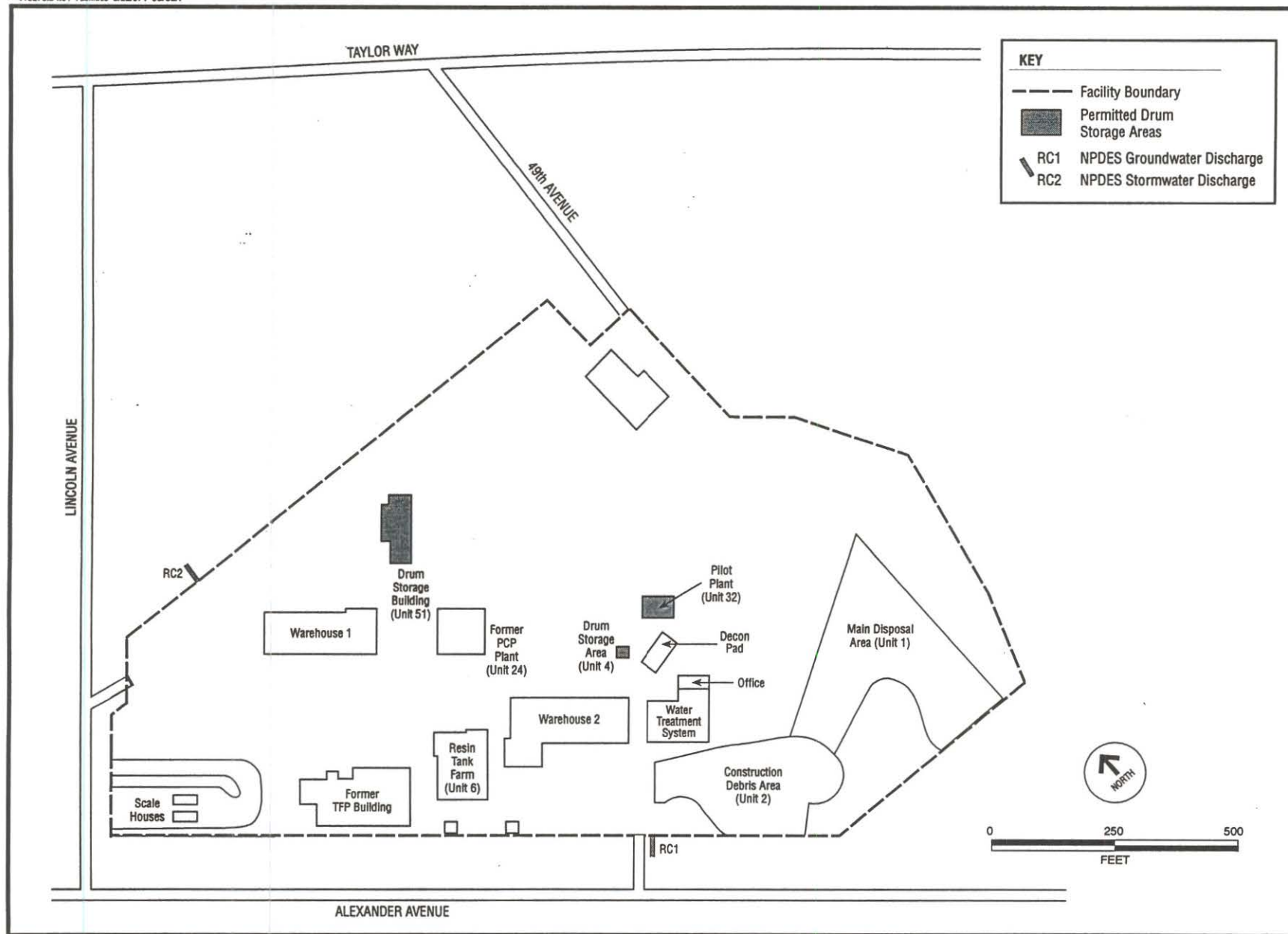
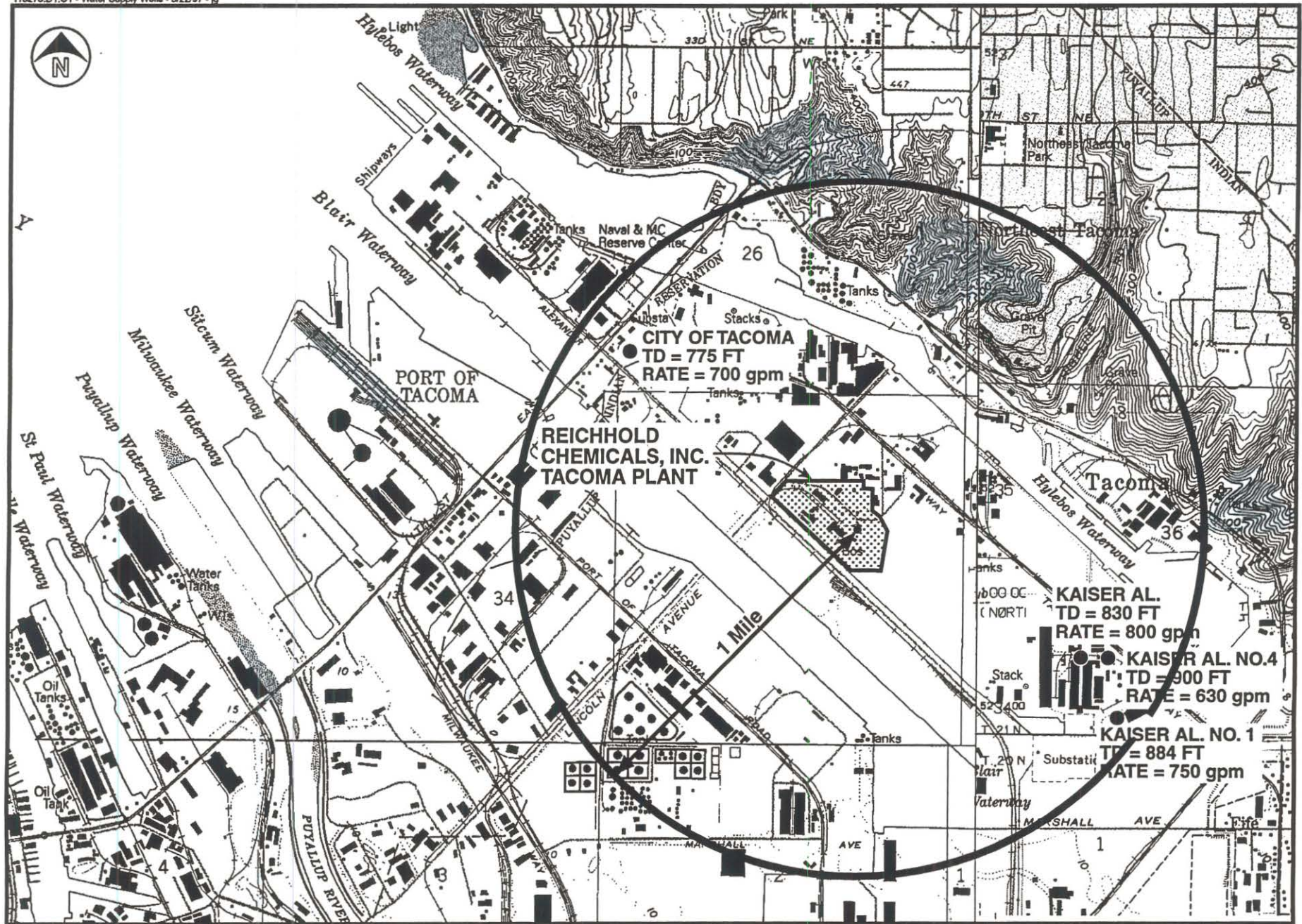


Figure 2

**Reichhold Facility**

Reichhold Chemicals, Inc., Tacoma, WA



Source: USGS  
Tacoma North, Poverty Bay  
7.5 Minute Quadrangle  
Revised 1994.

● WATER SUPPLY WELLS  
(WELL LOCATION APPROXIMATE)

Figure 3  
**Water Supply Wells**  
Reichhold Chemicals, Inc.  
Tacoma, Washington





Date of Photograph: May 3, 1992.  
Approximate Scale: 1" = 300'

Figure 4

**Aerial Photograph**

Reichhold Chemicals, Inc.  
Tacoma, Washington